



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
DATAMASTER MAINTENANCE REPORT

RECEIVED DHSS Breath Alcohol Program
By Carol Day at 6:29 am, Sep 11, 2009

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN RIVERSIDE DEPARTMENT OF PUBLIC SAFETY	S/N #201216	DATE OF INSPECTION 09-10-09
LOCATION OF INSTRUMENT (STREET AND CITY) 2990 NW VIUION RD, RIVERSIDE MO 64150 (BOOKING 4/2)		TIME OF INSPECTION 2315

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☒ **DIAGNOSTIC CHECK (PRINTOUT ATTACHED)**

☒ **COMPUTER** *OKAY*

☒ **DETECTOR** *OKAY*

☒ **PROGRAM** *OKAY*

☒ **FILTERS** *OKAY*

☒ **HEATERS SAMPLE CHAMBER** *48* °C

☒ **QUARTZ STANDARD** *OKAY*

☒ **FLOW DETECTOR** *OKAY*

☒ **CALIBRATION** *OKAY*

☒ **PUMP HIGH SPEED** *OKAY*

☒ **PRINTER** *OKAY*

☒ **INDICATOR LIGHTS** *OKAY*

☒ **TIME AND DATE** *2322 - 09/10/09*

☒ **SIMULATOR TEMPERATURE** (34 °C ± 0.2°C) *34.0 °C*

☒ **CALIBRATION CHECK - WITHIN LIMITS**

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)

☒ **0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE**

☒ **0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE**

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 <input checked="" type="checkbox"/> <i>.097</i>	TEST 2 <input checked="" type="checkbox"/> <i>.097</i>	TEST 3 <input checked="" type="checkbox"/> <i>.097</i>
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☒ **PERFORM R.F.I. TEST (PRINTOUT ATTACHED)** *OKAY*

☒ **NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)**

REFUSALS <input checked="" type="checkbox"/>	(0-.04) <i>1</i>	(.05-.09) <i>2</i>	(.10-.14) <i>1</i>	(.15-.19) <input checked="" type="checkbox"/>	(Over .19) <i>1</i>
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

GUTH LABORATORIES, INC. LOT# 09120, EXPIRES 04-08-10, .10% Solution

COPY OF ANALYSIS ATTACHED

INSTRUMENT OPERATING WITHIN ALL ESTABLISHED LIMITS.

INSPECTING OFFICER

SIGNATURE
Dean Noll

PRINT NAME
Dean Noll

TYPE II PERMIT NUMBER/EXPIRATION DATE
920115 05-13-11

TELEPHONE NUMBER
(816) 741-1191



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 09120 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain 0.1198 percent (w/vol) ethyl alcohol. The expiration date for this lot number is April 8, 2010 at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of 0.10 percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
RIVERSIDE DEPT. OF PUBLIC SAFETY

BAC DATAMASTER SERIAL NUMBER 201216
09/10/09

TESTING OFFICER:

NOLL/DEAN/W

OFFICER I.D.: 40

PERMIT NUMBER: 920115

EXPIRATION DATE: 05/13/11

MISCELLANEOUS DATA:

MAINTENANCE

--- SUPERVISOR MODE ---

BLANK TEST	.000	23:39
INTERNAL STANDARD	VERIFIED	23:39
EXTERNAL STANDARD	.097	23:39
BLANK TEST	.000	23:40
EXTERNAL STANDARD	.097	23:40
BLANK TEST	.000	23:41
EXTERNAL STANDARD	.097	23:41
BLANK TEST	.000	23:42

N = 3

SIM. = .1

AVG. = .097

OPERATOR SIGNATURE

Dean Noll

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
RIVERSIDE DEPT. OF PUBLIC SAFETY

BAC DATAMASTER SERIAL NUMBER 201216
09/10/09
23:22

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

HEATERS

SAMPLE CHAMBER: 48c

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnopqrstuvwxyz{|}~
!@#\$%^&*()_+{}|~`1234567890:;<=>?@

OPERATOR SIGNATURE

Dean Noll

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
MISSOURI DEPT. OF PUBLIC SAFETY

LABORATORY SERVICE NUMBER 001116
04/18/09

REQUEST TIME: 03:00

SUBJECT NAME:

REF:ONEC

DOB: 01/21/48 SEX: M

NIOSH/TLX: 76/76

OFFENSES OFF:DEVI

POH:DEATH

OFFICER I.D.# 96

TESTING OFFICER:

DELL:DEATH

OFFICER I.D.# 96

MARKET NUMBER: 96/15

EXPIRATION DATE: 05/18/11

RECALL/RECALL: 0011

01/18/09

BREATH ANALYSIS

DOSE: 0.51

0.000

03:40

INTERNAL: 0.00000

VERIFIED

03:46

PHOTO INTERFERENCE

OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD OH 44901

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



DEAN NOLL

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 05/13/09
Number 920115
Expires 05/13/2011

MO 580-0771 (7-88)

John J. Mathewson

Director of State Public Health Laboratory

Margaret T. Donnelly

Director, Department of Health

Lab. 4 (R7-88)